Two or three other papers, not requiring particular notice, complete this extremely valuable and creditable contribution to cerebral physiology, pathology, and therapeutics.

B. L. R.

ART. XXVI.—*Report of the Fifth International Ophthalmological Congress.* Held in New York, September, 1876. 8vo. pp. 255. New York: D. Appleton & Co., 1877.

THE International Ophthalmological Congress, which meets every fourth year, held its fifth session in New York in September, 1876. There was a large attendance of American ophthalmic surgeons, and the following foreign countries were represented: England, Scotland, Canada, Holland, Belgium, Norway, and Denmark. In the following pages we give a brief *résumé* of the proceedings:—

Dr. H. D. NOYES, of New York, in a communication *On the Use of a Naso-Buccal Flap for Blepharoplasty,* reports two cases in which the upper eyelid had been restored by a flap taken from the side of the nose and the cheek. This operation is recommended by the author only in exceptional cases, in which extensive destruction of tissue renders the forehead, temple, and outer part of the cheek unavailable.

The next paper, by Dr. GOWERS, of London, is entitled *Note on Chronic Optic Neuritis;* its object is "briefly to call attention to a form of optic neuritis, which possesses such definite characters and associations as to seem worthy of special distinction. Its chief feature is extreme chronicity. The appearance is that of a moderate neuritis, which remains absolutely the same week after week, and even month after month." Dr. G. has seen three examples of such cases at the Hospital for Paralysis and Epilepsy; the sight was not affected in any of them, and all terminated favourably. Two of the patients were epileptics, and in the third the chief symptoms were headache and occasional attacks of vomiting.

Dr. G. HEYL, of Philadelphia, reports three cases of *Coloboma Lentis*, and refers to other recorded cases. From a review of all, he concludes that "coloboma of the lens is a condition which presents at the place of defect, an edge, not rounded as in the normal condition, but either straight in the horizontal direction or incurved; that the amount of deficiency varies from a slight indentation to about one-quarter of the lens substance, the centre of the lens, its poles and the lens substance in the immediate vicinity being uninvolved; that the lens sometimes, in addition to the defect, is imperfectly developed in all is meridians; that the deficiency is always in the inferior half; and, finally, that coloboma of the other ocular structures frequently coexists, but frequently no trace of it can be found."

The author attributes this defect to the fact that the development of the peripheral portion of the lens takes place at a decidedly later period than that of the central portion, and may therefore be arrested after the latter is complete.

Dr. NOYES, of New York, describes an *Additional Means for relieving the Pressure of the Eyelids in Diseases of the Cornea.* It is intended for extreme cases in which the palpebral slit is excessively shortened, and the conjunctiva very much shrunken, and consists of a free canthoplasty with the introduction of a flap of skin from the temple.

The next paper is *On Sympathetic Neuro-retinitis,* by Dr. ADOLPH ALT, of New York, who reports several cases, and refers to others that have been recorded, in which neuro-retinitis seemed to have been transmitted directly from a diseased eye to its healthy fellow. In the majority of these cases the original affection was non-traumatic.

Dr. H. **Knapp**, of New York, contributes a paper on *Orbital Tumours*, in which he discusses the more important types of these affections, illustrating the subject by cases. He treats of: I. Orbital Exostosis; II. Retention Tumours of Neighbouring Cavities; III. Sarcoma and Chondroma of the Orbital Wall, and IV. Growths in the Cavities in the Neighbourhood of the Eye.

The three cases reported of the first kind of tumours belonged to the ivory variety of exostosis, which he considers more frequent than any other form in this locality, though orbital exostosis is an extremely rare disease.

"If these tumours are more or less pedunculated, they should be removed, which, it seems to me, can be done without insuperable obstacles." The connection of the base to orbital wall is less firm than the substance of the growth, a condition favourable to removal. Dr. K. used the chisel and mallet in his operations, but mentions, with approval, the suggestion of Dr. H. B. Sands to adopt the drill instrument used by dentists. Dr. Mathewson, of Brooklyn, mentioned that he had used the dental lathe and drill, with great success, in the removal of a bony growth from the external auditory meatus.

Under the second head, a case of retention tumour in the nasal cavity, intruding into the orbit and displacing the eyeball, is reported. The bony shell was broken down, and the cavity syringed with astringent washes until the discharge ceased.

Sarcoma and chondroma of the orbital wall are, unfortunately, more frequent, and their treatment discouraging.

A case is reported in which a part of the bony wall of the orbit was removed with the tumour "without unfavourable consequences." The patient died a few months afterwards with cerebral symptoms.

Growths occupying the cavities and intruding upon the orbit may be fibrous, myxomatous, polypoid, sarcomatous, cartilaginous, osseous, adenoid, or carcinomatous. Their most frequent seat is the maxillary antrum.

The next article is the report of *A Case of Choked Disk under observation three years and a half, without change in appearance or progressive impairment of Vision*, by Dr. **Mathewson**, of Brooklyn, N. Y. The right eye was cataractous. In the left there was typical "choked disk;" the vision was one-half on first examination, but improved materially. The patient was subject to violent headaches, dizziness, etc.; he was among the victims of the Brooklyn theatre disaster, and, on post-mortem examination, a pedunculated cystic tumour, about the size and shape of the human eye, was found in the left middle cranial fossa to the outer side of the cavernous sinus.

Prof. A. **Nagel**, of Tübingen, made a short communication urging the *Introduction of the Metre Measure for the determination of Lenses*. This subject was first brought before the Congress at its meeting in Paris in 1867, when Prof. N. suggested the adoption of a lens of one metre focal length as the unit. The proposition was further discussed and approved at the next meeting of the Congress in London in 1872, and the plan has been very generally adopted in Europe.

In a paper on *The Detachment of Posterior Synechiæ*, Dr. B. **Joy Jeffries**, of Boston, advocates Passavant's operation, which consists in passing a pair of delicate forceps through a small wound in the cornea, and drawing away the attached point of the iris from the anterior capsule of the lens. Dr. J. insists upon the importance of properly constructed forceps, which should have no teeth, but be merely roughened.

The next article is by Dr. **Noyes**, of New York, on *The Optical Error of Conical Cornea, and Report of two cases treated by Operation*. One case was operated on by the trephine, and in the other the conical apex was excised by elliptical incisions, and the edges of the wound brought together by delicate sutures, an iridectomy was subsequently made in each. There was no improvement in vision by the operation in either case, but satisfactory vision was obtained in one, in the eye not operated upon, by a + cylinder glass. The latter experience confirms the observation of Dr. Thomson, of Philadelphia, that, contrary to the prevailing belief, hypermetropia may exist in one meridian of a conical cornea.

A communication, by Dr. **Ed. G. Loring**, of New York, on *The Halo round the Macula Lutea*, is principally in answer to recent criticisms on his former paper (*Proceedings of Am. Ophthal. Soc.*, 1871) by Dr. Brecht. Dr. L.'s theory is that the halo is an optical phenomenon dependent on a depression of the surface of the retina at the macula, "the product of reflection and refraction from the combination of curved surfaces which enter into the construction of this portion of the retina."

In a paper on *Hypermetropic Squint and Insufficiency of the Internal Recti*, Dr. **Edmund Hansen**, of Copenhagen, gives quite a full review of the different opinions held by various authors, and takes strong ground against any real weakness or passive shortening, or other anatomical change in the muscles in either of these affections, maintaining that they are entirely anomalies of innervation.

Dr. **John Green**, of St. Louis, describes *An Operation for Cicatricial Entropium and Trichiasis of the Upper Eyelid following Trachoma, based upon Von Ammon's Tarsotomia Horizontalis.* Von Ammon's operation consists in thrusting a cataract knife through the eyelid, from within outward, by the side of the canaliculus, and at a distance of three lines from the margin of the lid, continuing the incision to within a line of the outer canthus and then incising a piece of skin from its edge, and closing the cutaneous wound by sutures. Dr. Green, having been annoyed in some cases by a tendency of the marginal strip to slough, has modified the operation by cutting through the conjunctiva and tarsus only, and excising a narrow strip of skin, leaving the muscular layer of the lid intact.

Dr. **P. D. Keyser**, of Philadelphia, reports a case of *Bony Formation in the place of the Lens.* It was taken from an eye that had been destroyed many years before by traumatic inflammation. Microscopic examination showed Haversian canals and lacunæ. The vitreous was clear, and there was no other bony formation in the eye.

In a *Note on Trachoma as influenced by Race*, Dr. **Swan M. Burnett**, of Washington, D. C., calls attention to the rarity of the occurrence of this affection, amounting almost to exemption, among the negroes of the Southern States.

Dr. **D. B. St. John Roosa**, of New York, contributes a short paper on *The Relations of Blepharitis Ciliaris to Ametropia.* Dr. R.'s experience teaches him that, in a large proportion of cases, blepharitis is excited or kept up by the accommodative strain resulting from some error of refraction, most frequently hypermetropia.

In a paper entitled *Analysis of 1079 Recorded Cases of Ametropia and muscular Weakness, with deductions respecting Asthenopia*, Dr. **H. D. Noyes**, of New York, discusses at length the various well-known forms of accommodative and muscular asthenopia.

The next paper is *A Preliminary Analysis of two hundred and sixty cases of Asthenopia*, by Dr. **C. R. Agnew**, of New York. A tabulated statement including all the points of interest is given, as a contribution to the clinical history of asthenopia.

Dr. **E. Dyer**, of Pittsburg, gives the favourable results of more extended experience in *The Treatment of Asthenopia by means of Regular, Systematic Exercise*, which he recommended in 1865. He has found it very useful in cases in which asthenopia exists without errors of refraction or in which it persists after ametropia has been properly corrected. This plan of treatment, which he calls "gymnastic exercise," consists in directing the patient to commence by reading a few minutes three times a day, and to regularly increase each period daily, according to circumstances.

Dr. O. F. **Wadsworth**, of Boston, reports a *Case of Ectropion cured by Transplantation of a large piece of skin from the Forearm*, an operation recently practised by Mr. Wolfe, of Glasgow.

Dr. F. **Buller**, of Montreal, suggests *A Convenient Method of applying Warmth to the Eye*, by means of passing a stream of warm water through a coil of rubber tubing.

In a paper entitled *Remarks on the Ciliary Muscle*, Dr. E. G. Loring, of New York, discusses the views of Iwanoff and others, whose investigations show that the circular fibres of this muscle are hypertrophied in hypermetropic eyes, while in myopic eyes the circular fibres are atrophied and the longitudinal hypertrophied. Dr. L. suggests as a factor in the production of the increase of length of the ciliary muscle in connection with myopia, the mechanical effect of distension of the membranes of the myopic eye.

Dr. **Chas. J. Kipp**, of Newark, N. J., reports a *Case of Subconjunctival Cysticercus*. The patient was a German who had been but a few years in this country, and who had a penchant for "raw or nearly raw meat."

Dr. **Eugene Dupuy**, of New York, contributes a *Note on Inherited Effects of Lesions of the Sympathetic Nerve and Corpora Restiformia on the Eye*. He details the results of experiments performed on guinea-pigs by Dr. Brown-Séquard and himself. The sympathetic nerve was divided in the necks of a pair of these animals, and the usual effects followed, *i. e.*, "semi-closing of the eyelids, hypersecretion of tears, contraction of the pupil, elevation of temperature on the side of the face operated on, and drooping of the ear." All the effects, but elevation of temperature, remained permanent, and, a few months afterwards, this pair of animals gave birth to a number of young which all presented these peculiarities in so marked a degree that "one would have said that they also had been operated on." Dr. Dupuy has followed the reproduction of these phenomena through five generations. In the same way, exophthalmus caused by injury to the restiform body was transmitted to four generations.

Dr. **Argyll Robertson**, of Edinburgh, gives the *Report of the Case of a Patient in whom a Filamentous Body was present in the anterior chamber of the Eye*. This curious body, which had been in the eye for twenty years, had not affected the vision.

Dr. **Thos. Hay**, of Philadelphia, reports a case of *Recurring Sarcomatous Tumour of the Orbit in a Child, extirpated for the third time, and ultimately causing the death of the patient.*

Drs. **Loring** and **Knapp**, of New York, describe *metrical ophthalmoscopes*.

G. C. H.

Art. XXVII.—*Report of the First Congress of the International Otological Society, New York, September*, 1876. 8vo. pp. iv., 159.

This Society was organized at New York in September last, at the invitation of the American Otological Society, which, aside from a short business meeting before the International Society was called to order, did not convene last summer. Of the forty-six members who formed the International Society, nine were from abroad; of the sixteen papers presented at the very hurried session, one only was presented by a foreigner, the rest were offered by members of the